



PART B - FEE(S) TRANSMITTAL

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7590

04/16/2002

Morland C Fischer
2030 Main Street
Suite 1050
Irvine, CA 92614

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Christine Ohannessian

(Depositor's name)

Christine Ohannessian

(Signature)

July 3, 2002

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/556,804	04/25/2000	Dieter Part	RTC-109	8144

TITLE OF INVENTION: REPLACEABLE SCA DRIVE ADAPTER BOARD FOR A REMOVABLE DISC DRIVE CARRIER

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
7	nonprovisional	NO	\$1280	\$0	\$1280	07/16/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
FEILD, LYNN DIANA	2835	361-685000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Morland C. Fischer

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

StorCase Technology, Inc.

Fountain Valley, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ individual ☐ partnership or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card, Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1016 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Morland C. Fischer 7/3/2002

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